

M.C.O.P.S.
Atlanta Police Department
Mobile Community Outreach Police Station
Event Call Out Checklist

Date:		Event Number:		Type of Incident:	
Location of Event:				Beat:	
Special Instructions:					
Requester Name:			Unit Number:		Phone Number:
Driver Name:			Unit Number:		Phone Number:
Start Up Checklist:	Start Up Checklist:	Take Down Checklist:	Park Checklist:		
<input type="checkbox"/> Walk Around Check <input type="checkbox"/> Compartment Door Check <input type="checkbox"/> Auto-Eject Cord Stowed <input type="checkbox"/> Masts Down & Secure <input type="checkbox"/> Passenger Steps Up <input type="checkbox"/> TV Antenna Stowed <input type="checkbox"/> Water Tank Full <input type="checkbox"/> Interior Check <input type="checkbox"/> Window Shut/ Blinds Secure <input type="checkbox"/> Doors & Drawer Secure Copier/ Fax/ Computers <input type="checkbox"/> Secure <input type="checkbox"/> Countertop Articles Secure Chair Secured, Galley <input type="checkbox"/> Secured <input type="checkbox"/> Driver Check <input type="checkbox"/> Batteries On <input type="checkbox"/> Tank Heater On (Cold Water) <input type="checkbox"/> Leveling System Stowed <input type="checkbox"/> Parking Brake Off <input type="checkbox"/> Start Mileage: <input type="checkbox"/> Start Hour Meter: <input type="checkbox"/> Start Generator Hours: <input type="checkbox"/> Start Fuel: <input type="checkbox"/> ¼ <input type="checkbox"/> ½ <input type="checkbox"/> ¾	<input type="checkbox"/> Set Parking Brake <input type="checkbox"/> Generator Start <input type="checkbox"/> Preheat Generator <input type="checkbox"/> Start Generator <input type="checkbox"/> Turn AC Selector to "General Power" <input type="checkbox"/> Turn Off Ignition <input type="checkbox"/> Leveling System Set-Up NOTE: Visually Check Area Under Van before Leveling. <input type="checkbox"/> Place Steel Plates if Necessary <input type="checkbox"/> Level Truck <input type="checkbox"/> Shore Line Hook Up NOTE: Plug Truck End in first <input type="checkbox"/> Connect Source Check <input type="checkbox"/> "Shore Cord Reversed Polarity" <input type="checkbox"/> Turn AC Selector to SHORE LINE	<input type="checkbox"/> Walk Around Check <input type="checkbox"/> Compartment Door Check <input type="checkbox"/> Auto-Eject Cord Stowed <input type="checkbox"/> Masts Down & Secure <input type="checkbox"/> Passenger Steps Up <input type="checkbox"/> Awning Secure <input type="checkbox"/> Interior Check <input type="checkbox"/> Windows Shut/ Blinds Secure <input type="checkbox"/> Doors & Drawers Secure Copier/ Fax/ Computers <input type="checkbox"/> Secure <input type="checkbox"/> Stow Leveling System <input type="checkbox"/> Generator Shut-Down <input type="checkbox"/> Turn Off All Circuit Breaker <input type="checkbox"/> Turn Off Main Breaker <input type="checkbox"/> Hold Down Stop Switch Until Generator Shuts Down <input type="checkbox"/> Disconnect Shore Line <input type="checkbox"/> Turn Off All Circuit Breakers <input type="checkbox"/> Turn Off Main Breaker <input type="checkbox"/> Unplug Shore Line <input type="checkbox"/> Stow TV Antenna <input type="checkbox"/> Drive Check <input type="checkbox"/> Batteries On <input type="checkbox"/> Tank Heater On (Cold Water) <input type="checkbox"/> Leveling System Stowed <input type="checkbox"/> Parking Brake Off	<input type="checkbox"/> Empty Waste Water <input type="checkbox"/> Fill Water Tank <input type="checkbox"/> Set Parking Brake <input type="checkbox"/> Turn Off All Brakes <input type="checkbox"/> Turn On Trickle Charger <input type="checkbox"/> Turn AC Selector to Auto Eject <input type="checkbox"/> Plug in AC Cord to Eject Port <input type="checkbox"/> Turn on Main AC Breaker <input type="checkbox"/> Van must be returned with a full tank of fuel after a detail Initial : _____		

M.C.O.P.S.
ATLANTA POLICE DEPARTMENT
Mobile Community Outreach Police Station
Event Log Sheet

Date: _____ **Event Number:** _____ **Type of Incident:** _____

Time Out: _____ **Time In:** _____

Location of Event: _____ **Beat :** _____

Description of Event/ Van Utilization:

Equipment/ Supplies Used:

Feedback/ Positive Experiences:

Feedback/ Negative Experiences/ Suggestions:

